

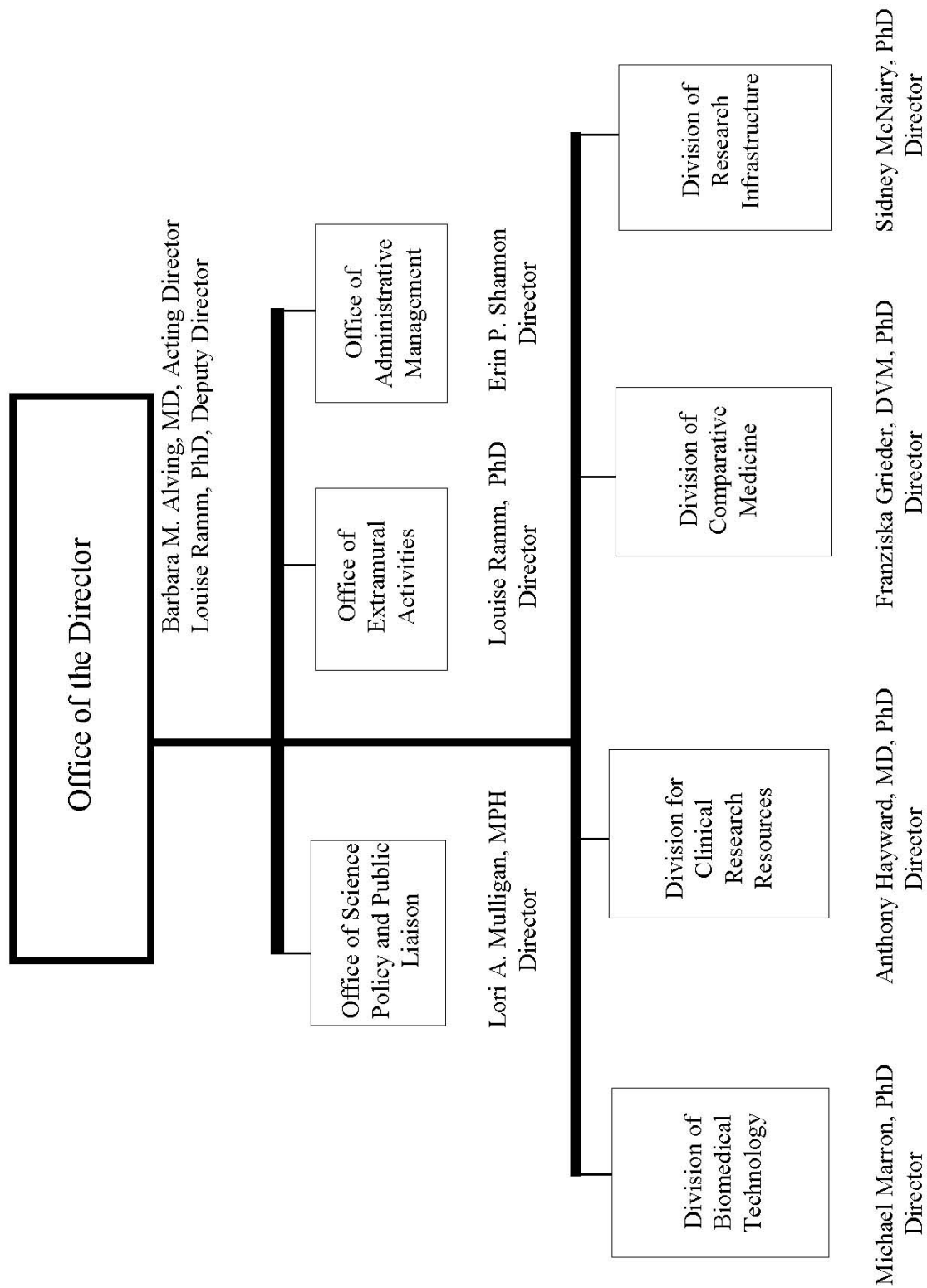
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Center for Research Resources

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# National Center for Research Resources Organizational Chart



**FY 2008 Proposed Appropriation Language**

**NATIONAL INSTITUTES OF HEALTH**

National Center for Research Resources

*For carrying out section 301 and title IV of the Public Health Service Act with respect to research resources and general research support grants, \$1,112,498,000: Provided, That none of these funds shall be used to pay recipients of the general research support grants program any amount for indirect expenses in connection with such grants.*

**Comparison of Proposed FY 2008 Appropriation Language to  
Most Recently Enacted Full-Year Appropriations**

**NATIONAL INSTITUTES OF HEALTH**

National Center for Research Resources

For carrying out section 301 and title IV of the Public Health Service Act with respect to research resources and general research support grants, [~~\$1,110,203,000~~] **\$1,112,498,000:**  
*Provided, That none of these funds shall be used to pay recipients of the general research support grants program any amount for indirect expenses in connection with such grants.*

(Department of Health and Human Services Appropriations Act, 2006)

**National Institutes of Health  
National Center for Research Resources**

**Amounts Available for Obligation 1/**

Source of Funding	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
Appropriation	\$1,110,203,000	\$1,099,101,000	\$1,112,498,000
Enacted rescissions	-11,102,000	0	0
Subtotal, adjusted appropriation	1,099,101,000	1,099,101,000	1,112,498,000
Real transfer under Roadmap authority	-9,822,000		
Real transfer under Secretary's one-percent transfer authority	-755,000		
Comparative transfer from OD for NIH Roadmap	9,822,000		
Comparative transfer to NIBIB	-8,000	-8,000	
Comparative transfer to OD	-4,000	-4,000	
Comparative transfer from NIH Institutes/Centers	10,613,000	10,613,000	
Subtotal, adjusted budget authority	1,108,947,000	1,109,702,000	1,112,498,000
Subtotal, adjusted budget authority	1,108,947,000	1,109,702,000	1,112,498,000
Unobligated balance lapsing	-24,000	0	0
Total obligations	1,108,923,000	1,109,702,000	1,112,498,000

1/ Excludes the following amounts for reimbursable activities carried out by this account:  
FY 2006 - \$6,319,000    FY 2007 -7,068,000    FY 2008 - \$7,418,000

**NATIONAL INSTITUTES OF HEALTH**

**National Center for Research Resources**

(Dollars in Thousands)

Budget Mechanism - Total

MECHANISM	FY 2006 Actual		FY 2007 Continuing Resolution		FY 2008 Estimate		Change	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants:								
<u>Research Projects:</u>								
Noncompeting	80	\$26,349	72	\$23,414	80	\$25,741	8	\$2,327
Administrative supplements	(8)	392	(3)	201	(3)	193	(0)	-8
Competing:								
Renewal	6	2,779	8	3,525	9	3,731	1	206
New	23	5,557	29	7,048	31	7,577	2	529
Supplements	0	0	0	0	0	0	0	0
Subtotal, competing	29	8,336	37	10,573	40	11,308	3	735
Subtotal, RPGs	109	35,077	109	34,188	120	37,242	11	3,054
SBIR/STTR	77	28,356	82	30,293	85	31,379	3	1,086
Subtotal, RPGs	186	63,433	191	64,481	205	68,621	14	4,140
<u>Research Centers:</u>								
Specialized/comprehensive	96	219,929	93	215,670	93	210,701	0	-4,969
Clinical research	89	308,298	87	306,615	82	318,298	(5)	11,683
Biotechnology	52	76,254	56	73,509	56	71,097	0	-2,412
Comparative medicine	50	113,714	49	112,166	49	109,148	0	-3,018
Research Centers in Minority Institutions	28	52,627	28	51,711	28	50,519	0	-1,192
Subtotal, Centers	315	770,822	313	759,671	308	759,763	(5)	92
<u>Other Research:</u>								
Research careers	194	47,159	190	50,425	165	47,928	(25)	-2,497
Cancer education	0	0	0	0	0	0	0	0
Cooperative clinical research	0	0	0	0	0	0	0	0
Biomedical research support	140	65,518	139	64,312	139	62,830	0	-1,482
Minority biomedical research support	0	0	0	0	0	0	0	0
Other	165	78,691	150	77,170	150	74,932	0	-2,238
Subtotal, Other Research	499	191,368	479	191,907	454	185,690	(25)	-6,217
Total Research Grants	1,000	1,025,623	983	1,016,059	967	1,014,074	(16)	-1,985
<u>Research Training:</u>	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>			
Individual awards	0	0	0	0	0	0	0	0
Institutional awards	126	5,051	132	5,411	132	5,411	0	0
Total, Training	126	5,051	132	5,411	132	5,411	0	
Research & development contracts (SBIR/STTR)	76 (1)	41,044 (64)	69 (1)	47,157 (102)	69 (1)	50,142 (102)	0 (0)	2,985 (0)
<u>Intramural research</u>	<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>		<u>FTEs</u>	
Intramural research	0	0	0	0	0	0	0	0
Research management and support	99	27,407	108	27,818	109	28,096	1	278
Cancer prevention & control	0	0	0	0	0	0	0	0
Construction		0		0		0		0
Buildings and Facilities		0		0		0		0
NIH Roadmap for Medical Research	0	9,822	0	13,257	0	14,775		1,518
Total, NCRR	99	1,108,947	108	1,109,702	109	1,112,498	1	2,796

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

NATIONAL INSTITUTES OF HEALTH  
National Center for Research Resources  
Budget Authority by Program  
(Dollars in thousands)

<u>Extramural Research</u> <u>Detail:</u>	<u>FY 2004</u> <u>Actual</u> FTEs Amount	<u>FY 2005</u> <u>Actual</u> FTEs Amount	<u>FY 2006</u> <u>Actual</u> FTEs Amount	<u>FY 2006</u> <u>Comparable</u> FTEs Amount	<u>FY 2007</u> <u>Continuing Resolution</u> FTEs Amount	<u>FY 2008</u> <u>Estimate</u> FTEs Amount	<u>Change</u> <u>FTEs</u> <u>Amount</u>
<b>Clinical Research</b>	<b>355,183</b>	<b>366,563</b>	<b>383,197</b>	<b>393,972</b>	<b>391,584</b>	<b>402,382</b>	<b>10,798</b>
Clinical and Translational Science Awards/ General Clinical Research Centers	275,318	286,118	302,106	302,106	311,119	331,119	
Science Education Partnership Award	16,141	16,645	15,980	15,980	15,686	15,325	
Clinical Research Resources - General	63,724	63,800	65,111	75,886	64,779	55,938	
<b>Biotechnology Research</b>	<b>204,862</b>	<b>205,026</b>	<b>193,769</b>	<b>193,715</b>	<b>199,045</b>	<b>197,972</b>	<b>-1,073</b>
Shared Instrumentation Grants	70,737	69,675	65,518	65,518	64,312	62,830	
Biotechnology Research Resources - General	134,125	135,351	128,251	128,197	134,733	135,142	
<b>Comparative Medicine</b>	<b>181,543</b>	<b>182,813</b>	<b>190,275</b>	<b>190,221</b>	<b>188,769</b>	<b>185,449</b>	<b>-3,320</b>
National Primate Research Centers	71,949	75,843	76,432	76,432	74,019	72,341	
Comparative Medicine - General	109,594	106,970	113,843	113,789	114,750	113,108	
<b>Research Infrastructure</b>	<b>407,492</b>	<b>326,369</b>	<b>293,864</b>	<b>293,810</b>	<b>289,229</b>	<b>283,824</b>	<b>-5,405</b>
Research Centers in Minority Institutions	52,754	53,170	52,627	52,627	51,711	50,519	
Institutional Development	213,044	222,208	219,986	219,986	215,938	210,963	
Extramural Construction	113,936	29,760	0	0	0	0	
Research Infrastructure - General	27,758	21,231	21,251	21,197	21,580	22,342	
<b>Subtotal, Extramural</b>	<b>1,149,080</b>	<b>1,080,771</b>	<b>1,061,105</b>	<b>1,071,718</b>	<b>1,068,627</b>	<b>1,069,627</b>	<b>1,000</b>
<b>Intramural research</b>							<b>0</b>
<b>Research management &amp; support</b>	<b>88</b>	<b>91</b>	<b>99</b>	<b>99</b>	<b>108</b>	<b>109</b>	<b>1</b>
<b>NIH Roadmap for Medical Research</b>	<b>3,591</b>	<b>7,050</b>	<b>9,822</b>	<b>9,822</b>	<b>13,257</b>	<b>14,775</b>	<b>0</b>
<b>TOTAL</b>	<b>88</b>	<b>91</b>	<b>99</b>	<b>99</b>	<b>108</b>	<b>109</b>	<b>1</b>
	<b>1,178,956</b>	<b>1,115,090</b>	<b>1,098,346</b>	<b>1,108,947</b>	<b>1,109,702</b>	<b>1,112,498</b>	<b>2,796</b>

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

## **Major Changes in the Budget Request**

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanism and activity detail and these highlights will not sum to the total change for the FY 2008 budget request for NCRR, which is +\$2.796 million more than the FY 2007 Continuing Resolution, for a total of \$1,112.498 million.

Research Project Grants (+\$4.140 million; total \$68.621 million): NCRR will support a total of 205 Research Project Grant (RPG) awards in FY 2008. Noncompeting RPGs will increase by 8 awards and increase by \$2.327 million. Competing RPGs will increase by 3 awards and increase by \$0.735 million.

Research Careers (-\$2.497 million; total \$47.928 million): NCRR will support the Pathway to Independence program by funding one additional award in FY 2008. Total support for the Pathway program in FY 2008 is 8 awards and \$0.720 million. No new individual training research career grants will be awarded in FY 2008 as relevant institutional clinical research training awards will be incorporated into the CTSAAs.

Clinical Research, Research Centers (+\$11.683 million; total \$318.298 million): NCRR will continue to expand its support of the Clinical and Translational Science Awards (CTSAAs) program.

NIH Roadmap for Medical Research (+\$1.518 million; total \$14.775 million): NCRR will continue its support of the NIH Roadmap, an incubator for new ideas and initiatives that will accelerate the pace of discovery, in FY 2008.

R&D Contracts (+\$2.985 million; total \$50.142 million): NCRR will establish a CTSA support Center to assist with coordination across the CTSA Consortium. NCRR will continue support of the National Stem Cell Bank.

National Primate Research Centers (-\$1.678 million; total \$72.341 million): NCRR funds eight National Primate Research Centers. While NCRR will continue to support these Centers, nonhuman primate breeding programs will be reduced. Funds realized from cost-containment measures implemented at NIH for non-competing grant awards will allow NCRR to continue to provide animal models to more than 2,000 investigators.

Science Education Partnership Award (SEPA) Program (-\$0.361 million; total \$15.325 million): While NCRR will sustain support for this program, fewer competing grants will be awarded in FY 2008. Funds realized from cost-containment measures implemented at NIH for non-competing grant awards will enable NCRR to continue to facilitate innovative educational programs that improve life science literacy throughout the Nation.

Institutional Development Award (IDeA) Program (-\$4.975 million; total \$210.963 million): Funds derived from grants that do not successfully re-compete, along with cost-containment measures implemented at NIH, will be used to continue to promote health-related research, provide training opportunities, and increase the competitiveness of investigators at institutions with historically low aggregate success rates for grant awards from the NIH.

**NATIONAL INSTITUTES OF HEALTH**  
**National Center for Research Resources**  
**Summary of Changes**

FY 2007 Continuing Resolution			\$1,109,702,000	
FY 2008 Estimated Budget Authority			1,112,498,000	
Net change			2,796,000	
CHANGES	FY 2007			
	Continuing Resolution Base		Change from Base	
	FTEs	Budget Authority	FTEs	Budget Authority
A. Built-in:				
1. Intramural research:				
a. Annualization of January 2007 pay increase			\$0	\$0
b. January 2008 pay increase			0	0
c. Two extra days of pay			0	0
d. Payment for centrally furnished services			0	0
e. Increased cost of laboratory supplies, materials, and other expenses			0	0
Subtotal	0			
2. Research Management and Support:				
a. Annualization of January 2007 pay increase	108	\$13,176,000	1	\$72,000
b. January 2008 pay increase		13,176,000		303,000
c. Two extra days of pay		13,176,000		102,000
d. Payment for centrally furnished services		2,947,000		29,000
e. Increased cost of laboratory supplies, materials, and other expenses		11,695,000		117,000
Subtotal	623,000			
Subtotal, Built-in	623,000			



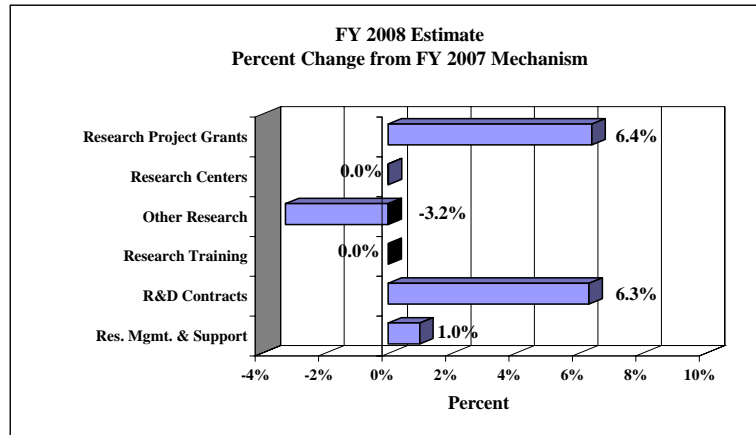
**NATIONAL INSTITUTES OF HEALTH**  
**National Center for Research Resources**

**Summary of Changes--continued**

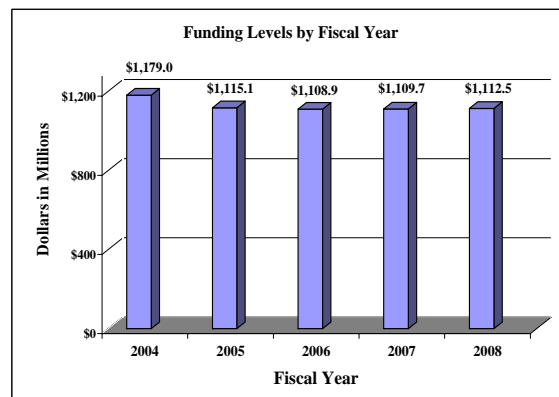
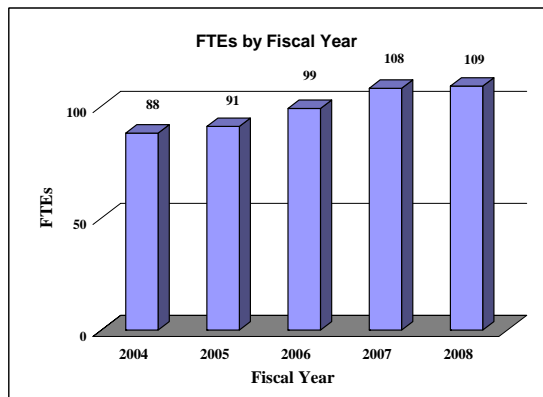
CHANGES	2007 Current			
	Continuing Resolution Base		Change from Base	
	No.	Amount	No.	Amount
B. Program:				
1. Research project grants:				
a. Noncompeting	72	\$23,615,000	8	\$2,319,000
b. Competing	37	10,573,000	3	735,000
c. SBIR/STTR	82	30,293,000	3	1,086,000
Total	191	64,481,000	14	4,140,000
2. Research centers	313	759,671,000	(5)	92,000
3. Other research	479	191,907,000	(25)	(6,217,000)
4. Research training	132	5,411,000	0	0
5. Research and development contracts	69	47,157,000	0	2,985,000
Subtotal, extramural				1,000,000
	<u>FTEs</u>		<u>FTEs</u>	
6. Intramural research	0	0	0	0
7. Research management and support	108	27,818,000	1	(345,000)
8. Cancer control and prevention	0	0	0	0
9. Construction		0		0
10. Buildings and Facilities		0		0
11. NIH Roadmap for Medical Research	0	13,257,000	0	1,518,000
Subtotal, Program		1,109,702,000		2,173,000
Total changes	108		1	2,796,000

# Fiscal Year 2007 Budget Graphs

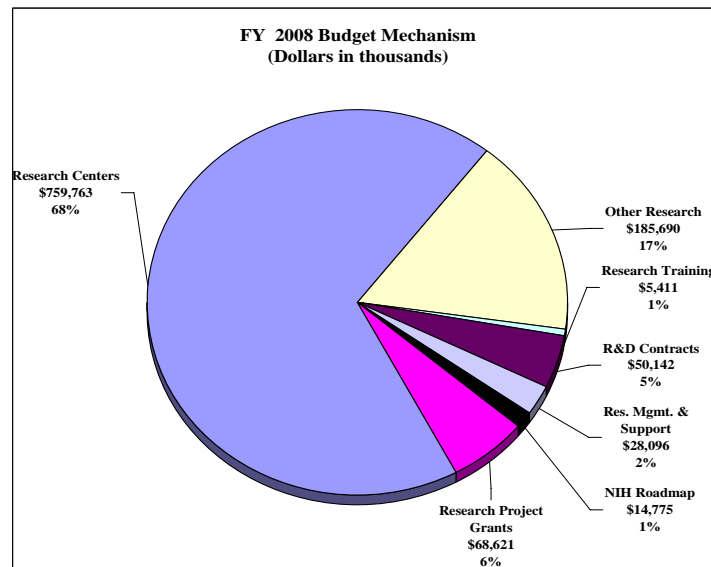
## Change by Selected Mechanisms:



## History of Budget Authority and FTE's:



## Distribution by Mechanism:



## Justification National Center for Research Resources

Authorizing Legislation: Section 301 and title IV of the Public Health Service Act, as amended.

Budget Authority:

FY 2006		FY 2007		FY 2008		Increase or	
Actual		Continuing Resolution		Estimate		Decrease	
<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
99	\$1,108,947,000	108	\$1,109,702,000	109	\$1,112,498,000	1	+\$2,796,000

This document provides justification for the Fiscal Year (FY) 2008 activities of the National Center for Research Resources (NCRR), including NIH/AIDS activities. Details of the FY 2008 HIV/AIDS activities are in the “Office of AIDS Research (OAR)” Section of the Overview. Details on the Common Fund are located in the Overview, Volume One. Details on the Roadmap/Common Fund are located in the Overview, Volume One.

### Director’s Overview

The NCRR provides NIH-supported laboratory and clinical researchers with the infrastructure, tools, and training they need to understand, detect, treat, and prevent a wide range of diseases. With this support, scientists engage in basic laboratory research, translate these findings to animal-based studies, and then apply them to patient-oriented research. The NCRR support spans basic, translational, and clinical research, which results in medical advances for both common and rare diseases. Through this support, NCRR connects researchers with one another, and with patients and communities across the nation. These connections bring together innovative research teams and the power of shared resources, multiplying the opportunities to improve human health. The NCRR continues to explore new opportunities to accelerate and enhance research along the entire continuum of biomedical science.

### Transforming Clinical Research

Given its mission and support to more than 30,000 NIH-supported basic and clinical researchers, NCRR has become the leader of the NIH Roadmap effort to energize the discipline of clinical and translational research. To address the changes clearly identified by the research community, NCRR launched the Clinical and Translational Science Award (CTSA) program, a national consortium designed to facilitate the transfer of discoveries made in the laboratory into new treatments for patients. The CTSA Consortium will encourage the union of expertise and resources and help transform the way scientists conduct clinical and translational research in the future. Through the CTSA, academic health centers will develop centers, departments, or institutions for interdisciplinary teams that cover the complete spectrum of research—biology, clinical medicine, dentistry, nursing, biomedical engineering, genomics, and population sciences. These academic homes also will educate and train the next generation of researchers.

The CTSA program provides funding to institutions to design new and improve clinical research informatics tools, forge new partnerships, expand outreach to minority and medically underserved communities, and develop better designs for clinical trials. The NCRR began

building the CTSA Consortium in FY 2006 by making 12 awards and plans to grow the program each year until 2012, when NCRR will support approximately 60 CTSAs at academic health centers across the country. However, the impact of the program will extend beyond the Consortium.

### **Building on NCRR's Experience in Basic, Translational, and Clinical Research**

The CTSA initiative enhances NCRR's long-standing investment and successes in basic, translational, and clinical research. The NCRR will continue to facilitate partnerships among grantees from the diverse range of NCRR programs, including the CTSA Consortium, to build a matrix where the whole is much greater than the sum of the individual programs. The NCRR is exploring several areas where these potential synergies exist, including:

***Underserved Communities:*** Two successful NCRR programs are specifically designed to enhance research infrastructure and reduce health disparities in underserved areas. First, the Research Centers in Minority Institutions Program builds research capacity at minority serving institutions by recruiting established and promising researchers, acquiring advanced instrumentation, and modifying laboratories. This program increases the number of minority scientists engaged in biomedical research as well as enhances studies on minority health. Second, the Institutional Development Award (IDeA) program broadens the geographical distribution of NIH funding for biomedical research, provides training opportunities, and extends high-speed connectivity to IDeA institutions to facilitate research collaborations. The NCRR is exploring ways to create opportunities for underserved institutions to participate in CTSA activities.

***Science and Health Literacy:*** The NCRR Science Education Partnership Award (SEPA) brings together active biomedical and clinical researchers with educators, media experts, community leaders, and other interested organizational leaders to stimulate public interest in health issues and encourage young people to pursue careers in biomedical research. SEPA grantees currently collaborate with several RCMI and IDeA institutions to reach underserved populations and plan to make similar connections through CTSA community outreach activities.

***Informatics:*** The NCRR will continue to expand and improve data sharing and management across disciplines and across institutions. Best practices from the Biomedical Research Informatics Network (BIRN), an NCRR consortium that leverages and shares distributed tools, software, data, and expertise, will serve as a resource for CTSA institutions as they develop their informatics activities. As the CTSA program develops, the CTSA Consortium will develop new and improved clinical research informatics tools to develop and adopt standards, enhance interoperability, reduce cost, and create better communication tools between researchers and their patients.

***Comparative Medicine Research:*** Animal models are the bridge between basic science and human medicine. The NCRR provides such models through specialized laboratory animals, research facilities, and training. For example, NCRR support of both the National Primate Research Centers and the CTSA Consortium will allow for more seamless translation from pre-clinical findings to clinical trials. To further accelerate translational research, NCRR sponsored a workshop in 2006 to explore approaches to develop a resource that would enable researchers to find and use animal and other biological resources more efficiently than is currently available. Based on stakeholder recommendations, The NCRR is planning an FY 2008 initiative to fund a

comprehensive electronic catalog of animal model resources.

***Biomedical Technologies Resource Centers (BTRCs):*** Technologies are critical throughout all stages of biomedical research—from basic discovery to clinical application. The NCRR support for biomedical technology, through BTRCs, provides researchers with a broad spectrum of technologies, techniques, and methods. Technologies developed at the BTRCs will transform clinical practice by improving diagnostic methods and enhancing surgical precision.

***Strategic Partnerships:*** The NCRR plans to build upon the strengths of its existing programs and the new CTSA Consortium to expand its outreach efforts with other Federal agencies, industry, and healthcare organizations.

These are just a few of the areas in which NCRR will focus in FY 2008. Through a matrix of programs and partnerships, NCRR expects to fulfill its charge to transform the practice of clinical and translational research, accelerating medical discoveries into improved patient care.

## **Justification of the FY 2008 Budget by Activity Detail**

**Overall Budget Policy:** NIH's highest priority is the funding of medical research through investigator-initiated research project grants (RPGs). Support for RPGs allows NIH to sustain the scientific momentum of investigator-initiated research while pursuing new research opportunities. The NCRR supports essential research resources for more than 30,000 scientists so they will have the opportunity to make biomedical discoveries, translate findings, and apply them in clinical research. The NCRR gives priority to those resources and projects that are critical to the research enterprise and without which the national biomedical community could not achieve its full potential. The Center evaluates investigator-initiated grant applications for all large programs. A scientific review of NCRR grant applications is conducted, and the results are presented to the NCRR Advisory Council for review.

**Division for Clinical Research Resources:** Clinical research is the final step in translating basic scientific discoveries into better care for the nation. Patient-oriented research and clinical trials allow scientists to evaluate promising therapies and disease prevention strategies in humans. This division funds biomedical research institutions to establish and maintain specialized clinical research facilities and to provide clinical-grade biomaterials that enable clinical and patient-oriented research. It is leading NIH in efforts to re-engineer the clinical research enterprise by helping institutions create a new integrated discipline of clinical and translational sciences through the CTSA program. Additionally, the division improves the nation's understanding of medical research through SEPA and provides support and resources to clinical researchers through a variety of other programs.

**Budget Policy:** The FY 2008 budget estimate for the Division for Clinical Research is \$402,382,000, an increase of \$10,798,000 or 2.8 percent from the FY 2007 estimate. The FY 2008 request includes an additional \$20,000,000 for new Clinical and Translational Science Awards, including the linked career development and research training awards, and General Clinical Research Centers.

To accommodate the additional investment in the CTSA program, General Clinical Research Resources were decreased by \$8,841,000 or 13.6 percent from the FY 2007 estimate. While relevant institutional clinical research training awards will be incorporated into the CTSA's, no new individual training research career grants will be awarded starting in FY 2008. In addition, funds realized from General Clinical Research Centers transitioning to CTSA's will be redirected to the CTSA's.

### **Portrait of a Program: Clinical and Translational Science Awards (CTSA)**

FY 2007 Level: \$311,119,000

FY 2008 Level: \$331,119,000

Change: +\$ 20,000,000

The CTSA program is a unique and bold venture that meets the NIH Roadmap objective to restructure and improve the clinical research enterprise. As a prominent element in the Reengineering the Clinical Research Enterprise theme of the NIH Roadmap, the CTSA program will transform how clinical and translational research is conducted, ultimately enabling researchers to provide new treatments more efficiently and quickly to patients. To better address the needs of the clinical research community, the longstanding General Clinical Research Centers program, administered by the National Center for Research Resources (NCRR), is being transitioned into the CTSA program. Currently, the CTSA program is administered and funded by both the NIH Roadmap and NCRR. As the program expands, its management and funding will transition solely to NCRR.

Through the CTSAs, academic health centers (AHCs) will work as a national consortium. For many AHCs, the CTSA infrastructure will not only enhance the research capacity already developed through the General Clinical Research Center program, but will create an integrated home for clinical and translational science. CTSAs will train and advance a cadre of multi- and inter-disciplinary investigators and collaborate to translate discoveries made in the laboratory into improved therapies for patients. Through these collaborations—with basic, translational, and clinical investigators—a new discipline of clinical and translational science will be formed. At the same time, CTSA researchers plan to expand their efforts with minority and medically underserved communities, and make broad connections across schools, institutions, and regions. Their strategic partnerships will also include the U.S. Department of Veterans Affairs, the Food and Drug Administration, and private health care organizations.

Twelve academic health centers received funding for CTSAs in FY 2006, the first year that these awards were made. In addition, 52 academic institutions received planning grants to aid in their preparation for submitting CTSA proposals in future years. The goal of this program is to support 60 CTSAs by 2012.

Funding for the CTSA program in FY 2008 will be provided by both the NIH Roadmap and NCRR. The NCRR will continue to support the existing GCRCs that have not transitioned into a CTSA.

**Clinical and Translational Science Awards (CTSAs)/General Clinical Research Centers (GCRCs):** The major goal of the CTSA program is to transform clinical research in the U.S. by integrating infrastructure and career development programs in novel ways that will speed basic discoveries into improved patient care. The NCRR-funded GCRCs will gradually evolve into the new CTSA program to address the need for more integrated and focused institutional clinical and translational research support. Through annual CTSA solicitations, academic health centers, including those with GCRCs, will have the opportunity to build on their existing resources and transform into this new integrated program over a period of years. The first CTSA awards were made in September 2006 as cooperative agreements and mark the first systematic change in clinical research in 50 years. By working together, the national CTSA consortium will serve as discovery engines that will improve medical care by applying new scientific advances to real world practice. Specifically, CTSA institutions are planning to: provide degree-granting programs in clinical and translational research; produce enriched environments to educate and develop the next generation of researchers; develop better designs for clinical trials; design new and improved clinical research informatics tools; expand outreach efforts to minority and medically underserved communities; and assemble interdisciplinary teams that cover the complete spectrum of research.

**Budget Policy:** The FY 2008 budget estimate for the CTSA and GCRC programs combined is \$331,119,000, an increase of \$20,000,000 or 6.4 percent from the FY 2007 estimate. This amount will support existing and new CTSAs, and includes funds from the GCRCs that have been transitioned into the CTSAs, as well as the amounts for existing training and career development grants that have also been incorporated into the CTSA. In addition, the FY 2008 amount includes funds for a support center, to be awarded in FY 2007, which will assist with coordination across the CTSA Consortium. These funds will also support the existing GCRCs that have not transitioned into CTSAs. Funding for the CTSA/GCRC programs will come from both NCRR appropriations and the NIH Roadmap for Medical Research. (More information on the NIH Roadmap is provided in Volume 2 – Overview.)

**Science Education Partnership Award (SEPA) Program:** The two major goals of the SEPA program are to 1) increase the pipeline of future scientists and clinicians, especially from minority, underserved, and rural kindergarten to grade 12 (K-12) students and 2) to engage and educate the general public on the health-related advances made possible by NIH-funded research. By creating relationships among educators, museum curators, and medical researchers, SEPA encourages the development of hands-on, inquiry-based curricula that inform participants about such timely issues as obesity, stem cells, and infectious diseases. In addition, SEPA provides professional development for teachers and mentoring opportunities for students.

**Budget Policy:** The FY 2008 budget estimate for the SEPA program is \$15,325,000, a decrease of \$361,000 or 2.3 percent from the FY 2007 estimate. NCRR will fund fewer competing grants and/or reduce the funding levels of these grants to accommodate the decrease. In FY 2008, NCRR is enhancing our outreach efforts to expand the benefits of the SEPA program to other NCRR programs such as IDeA, RCMI, and CTSAs.



### **Portrait of a Program: Science Education Partnership Awards Bring Medical Education to the Public**

FY 2007 Level: \$15,686,000

FY 2008 Level: \$15,325,000

Change: - \$ 361,000

The diversity and breadth of the SEPA program, coupled with the innovative nature of the SEPA grantee community, results in the development of unique collaborations and programs that improve the general public's scientific understanding and enable students to pursue research careers.

Now in its 15th year of funding, SEPA is implemented in more than 30 states, Puerto Rico, and five Native American communities and reaches tens of thousands of people every year. SEPA awards have been made to organizations in 15 of the 24 Institutional Development Award (IDeA) States, including Puerto Rico, which are states that historically have had low aggregate success rates for NIH funding. In working with the IDeA Networks of Biomedical Research Excellence (INBRE) program, which provides undergraduate research opportunities and increases institutional capacity for graduate students and postdoctoral researchers, SEPA is helping to bridge the educational gap and provide the next step in the research and clinical pipelines for K-12 students who have decided to pursue a career in science. SEPA is also partnering with the Research Centers in Minority Institutions (RCMI) program to facilitate the transition of underrepresented minorities from a K-12 science experience to the pursuit of a career in biomedical science. Several SEPA projects are working with the principal investigators at CTSA institutions as part of the CTSA public outreach component.

Thanks to the ingenuity of Dr. Carl Franzblau, a SEPA grantee at Boston University, communities throughout the nation are exposed to biomedical research through mobile laboratories. Dr. Franzblau created the first CityLab mobile bus with NCRR SEPA funding in 1994, which became operational in 1998. CityLab serves over 7,000 students per year and engages students in hands-on biomedical research experiments. True to the inclusive nature of the SEPA grantees, Dr. Franzblau openly shared his designs and curricula. The result is that today seven additional mobile labs, four of which are SEPA-sponsored, are engaging students, teachers and parents throughout the country.

NCRR will fund fewer competing grants and/or reduce the funding level of these grants to accommodate the decreased FY 2008 funding level. Funds realized from this reduction will be used to support additional Research Project Grants.

**Clinical Research Resources – General:** This division funds specialized support programs and initiatives that provide clinical researchers with the facilities and resources they need to conduct patient-oriented research and clinical trials. Working with the National Institute of Diabetes and Digestive and Kidney Diseases, NCRR enhances efforts to free diabetics from the burden of insulin injections by supporting Islet Cell Resource Centers that optimize the viability and availability of human pancreatic islets for transplantation and basic research studies. The National Gene Vector Laboratories (NGVL) provide investigators with gene vectors, which are the vehicles used to deliver genetic material into cells, to develop gene therapies for diseases such as cancer and HIV/AIDS. The Division also supports research investigating inherited genes that increase susceptibility for disease through its national genotyping center, which has made advances in the areas of heart attacks, inflammatory bowel disease, and psoriasis. Two additional programs, each involving trans-NIH collaborations, have focused on clinical research informatics support: the Biomedical Informatics Research Network (BIRN) and the Rare Diseases Research Data Center (RDRDC). The BIRN program is developing standards and data exchange. The RDRDC supports a network of 10 consortia each focusing on a group of rare diseases.

**Budget Policy:** The FY 2008 budget estimate for the Clinical Research Resources – General Program is \$55,938,000 a decrease of \$8,841,000 or 13.6 percent from the FY 2007 estimate. To maximize its investments in clinical research, NCRR will link a number of the programs described above with our new CTSA program. Programs will be combined to ensure the most efficient high throughput genotyping coupled with high-speed data transmission and the development of common vocabularies and standards. Additionally, training and research career awards are being integrated under the umbrella of CTSAs. To accommodate the increased investment in the CTSA program, no new individual research career training awards will be funded.

**Division of Biomedical Technology:** This division supports a broad spectrum of technologies, techniques, and methods through 52 Biomedical Technology Resource Centers (BTRCs) at academic and other research institutions nationwide. The BTRCs develop versatile new technologies and methods that help researchers who are studying virtually every human disease, each creating innovative technologies in one of five broad areas: informatics and computation, optics and spectroscopy, imaging, structural biology, and systems biology. The BTRCs, located in 20 states, are used annually by nearly 5,000 scientists from across the U.S. and beyond, representing over \$700 million of NIH funding for 22 institutes and centers. They are complemented by programs providing research project grants to individual investigators and small businesses, often focusing on high risk, high reward technological innovation.

**Shared Instrumentation (SIG) and High-End Instrumentation (HEI) Grant Programs:** The goal of these programs is to provide new generation technologies to NIH-supported investigators for a broad array of basic, translational, and clinical research. These are the only two programs at NIH that provide essential instruments that are too expensive to be obtained through regular research grants. The SIG program funds equipment in the \$100K-\$500K range and the HEI program funds instrumentation in the \$750K-\$2M range. To increase cost effectiveness of the programs, instruments are placed in core facilities where they benefit a large community of NIH researchers. The types of research tools funded through the SIG and HEI programs enable researchers to make breakthroughs in biomedical research. New developments in imaging tools, such as CT, MRI and PET scanners, have allowed researchers to see beyond structures in the body to image cellular functions and hold the promise of identifying diseases before clinical symptoms appear.

**Budget Policy:** The FY 2008 budget estimate for the Biomedical Technology Program is \$197,972,000, a decrease of \$1,073,000 or 0.5 percent from the FY 2007 estimate. To expand NCRR's support of Research Project Grants, including the SBIR/STTR program, NCRR will reduce technology development funding in three areas: synchrotron radiation for structural biology, optical spectroscopy for clinical diagnosis, and mass spectrometry for proteomics/glycomics.

The FY 2008 budget estimate for the SIG and HEI Grant programs is \$62,830,000, a decrease of \$1,482,000 or 2.3 percent from the FY 2007 estimate. Due primarily to the increased cost of some instruments, the average SIG award has increased by \$68,000 since 2000. NCRR will fund fewer competing grants and/or reduce the funding levels of these grants to accommodate the decrease.

**Division of Comparative Medicine:** Serving as a critical part of the biomedical research continuum, animal models are the bridge between basic science and human medicine, with discoveries in one species enhancing understanding of another. Because many diseases need to be studied in living organisms, researchers have developed animal models that mimic human conditions. In fact, virtually every major medical advance of the last century was the result of research involving animals. This division provides scientists with essential resources—including specialized laboratory animals, research facilities, and training—that enable health-related discoveries.

**Budget Policy:** The FY 2008 budget estimate for the Division of Comparative Medicine is \$185,449,000, a decrease of \$3,320,000 or 1.8 percent from the FY 2007 estimate.

**National Primate Research Centers (NPRCs):** The major goal of the NPRC program is to facilitate the use of nonhuman primates (NHPs) as models of human health and disease for basic, translational, and clinical biomedical research. By funding grants to eight institutions, it provides animals, facilities, and expertise in all aspects of NHP biology and husbandry to the research community. Major areas of investigation are infectious diseases, including AIDS and avian flu, and neurobiology, including research on the causes and potential treatments of Alzheimer's and Parkinson's disease. During FY 2006, the NPRCs provided support to more than 2,000 investigators. To facilitate these studies, the NPRCs house more than 27,000 NHPs, 58 percent of which are rhesus monkeys, the most widely used nonhuman primate for HIV research and translational studies. In FY 2007, the NCRR is sponsoring an initiative to increase training of clinical veterinarians in the field of NHP clinical medicine.

**Budget Policy:** The FY 2008 budget estimate for the NPRC program is \$72,341,000, a decrease of \$1,678,000 or 2.3 percent from the FY 2007 estimate. NCRR will reduce the nonhuman primate programs at the NPRCs as well as limit the services provided by the Centers in support of investigator initiated biomedical/behavioral research. In FY 2008, the program's highest funding priority will be to maintain the breadth of activities supported by the program. Additionally, the completion of the rhesus genome sequence is expected to greatly enhance the utility of the rhesus for translational research. To guide the optimal use of rhesus macaques, NCRR plans to convene workshops and working groups in FY 2007 that will address, respectively, the specific features of a single nucleotide polymorphism (SNP) map for the rhesus macaque and extensive phenotyping of the rhesus monkeys housed at the NPRCs, including a database of phenotyped animals.

**Comparative Medicine – General:** The Division of Comparative Medicine supports the biomedical research community by funding research resources and projects to create, develop, characterize, preserve, and study a broad array of high-quality animal models and biological materials, such as cell cultures. Through grants, cooperative agreements, and contracts, this funding also supports research that safeguards the health and welfare of laboratory animals and provides career development opportunities. Non-mammalian models, such as bacteria, fish, worms, and fruit flies, are making important and cost-effective contributions to biomedical science. These models are invaluable to studies of gene function, protein interactions, and pathological processes related to humans. The mouse model and other genetically-altered animals with defined mutant genes also provide a wealth of information on protein functions and enable preclinical testing of gene therapies.

**Budget Policy:** The FY 2008 budget estimate for the Comparative Medicine – General Program is \$113,108,000, a decrease of \$1,642,000 or 1.4 percent from the FY 2007 estimate. To expand NCRR’s support of Research Project Grants, including the SBIR/STTR program, NCRR will reduce funding for services and programs in resource centers providing animal models and research products to grantees. In FY 2008, the program’s highest funding priority will be to address the growing need for research-trained veterinarians by sponsoring career development programs that attract and train graduate veterinarians in the highly specialized clinical and management procedures required for primate research. Through interactions with its NIH partners and the scientific community, NCRR’s Division of Comparative Medicine plans to maintain scientific priorities that best meet the broad needs of the multidisciplinary biomedical research community. The funds realized from reducing funding from resource centers along with the cost-containment measures implemented at NIH for non-competing grant awards will be used to develop an electronic catalog of animal models, linking their relevant features to appropriate human conditions and allow discovery of new interactions, connections and relationships between models and disease states. Funding for this initiative is expected to be \$2.0 million in FY 2008. Funding will also continue for the Ruth L. Kirschstein National Research Service Awards (NRSA), where NCRR plans to support approximately 132 full-time training positions.

**Division of Research Infrastructure:** Developing and invigorating the nation’s research capacity and infrastructure at all stages of research—from basic discoveries in the laboratory to advanced treatments for patients—is the goal of this division. The Research Centers in Minority Institutions (RCMI) program provides grants to institutions that award doctoral degrees in health-related fields and that have a 50 percent or greater enrollment of students from minority communities underrepresented in the biomedical sciences. The IDeA program fosters health-related research and improves the competitiveness of investigators in states that historically have not received significant levels of competitive research funding from NIH. The Research Facilities Improvement Program and the Animal Facilities Improvement Program increase the nation’s ability to conduct state-of-the-art research by providing competitive funding to modernize and construct research facilities that support basic and/or clinical investigations.

**Budget Policy:** The FY 2008 budget estimate for the Division of Research Infrastructure is \$283,824,000, a decrease of \$5,405,000 or 1.9 percent from the FY 2007 estimate.

**Research Centers in Minority Institutions:** The RCMI program funds grants to 18 minority institutions in ten states, the District of Columbia, and Puerto Rico. The major goal of the program is to develop and enhance the research infrastructure of minority institutions to expand their capacity for conducting basic biomedical and behavioral research, as well as clinical and translational research. Communities served by the program include: African Americans, Hispanics, American Indians, Alaska Natives, Native Hawaiians, and Pacific Islanders. The RCMI program provides a wide array of research resources to enhance institutional infrastructure, ranging from state-of-the-art instrumentation to outpatient clinical research facilities. Together, the 18 RCMI centers hosted research that received over \$250 million in NIH extramural grant funds in FY 2006. Research areas supported by the RCMI program include health disparities, HIV/AIDS, cardiovascular disease, cancer, diabetes, obesity, and Alzheimer’s and Parkinson’s disease. Additionally, the Clinical Research Education and Career Development awards continue to train investigators at minority institutions in clinical research.

**Budget Policy:** The FY 2008 budget estimate for the RCMI program is \$50,519,000, a decrease of \$1,192,000 or 2.3 percent from the FY 2007 estimate. Funds realized from reducing competing grants as well as cost-containment measures implemented at NIH for non-competing grant awards will be used to sponsor an initiative to improve network connectivity to support informatics applications at RCMIIs (\$2.0 million). This initiative is in response to a NCRR-sponsored workshop, which identified key needs and priorities for cyber infrastructure development to enhance connectivity and utilization across a broad spectrum of users. It will benefit all RCMI institutions and serve as a resource to increase their competitiveness when applying for CTSA and other NIH awards.

**Institutional Development:** The Institutional Development Award (IDeA) program fosters health-related research and increases the competitiveness of investigators at institutions in 23 states and Puerto Rico with historically low aggregate success rates for grant awards from the NIH. The two major initiatives of the IDeA program are IDeA Networks of Biomedical Research Excellence (INBRE) and Centers of Biomedical Research Excellence (COBRE). INBREs establish a multi-disciplinary research network with a scientific focus that will build and strengthen the lead and partner institutions' biomedical research expertise and infrastructure while providing research support to faculty and graduate students and training opportunities to undergraduate students to encourage them to pursue health research careers. Additionally, INBREs encourage undergraduate institutions, community colleges, and tribal colleges to participate in outreach activities which familiarize students with the research setting and its opportunities. COBREs support thematic multidisciplinary centers that strengthen institutional research capacity by expanding and developing biomedical faculty capability and enhancing research infrastructure that encompasses the full spectrum of the basic and clinical sciences.

**Budget Policy:** The FY 2008 budget estimate for the IDeA program is \$210,963,000, a decrease of \$4,975,000 or 2.3 percent from the FY 2007 estimate. The INBRE funds will support existing INBREs. No new INBRE grants will be funded in FY 2008 because all current INBRE awards are on a 5-year cycle and will not re-compete until FY 2009 at the earliest. The COBRE funds will support existing COBREs, plus new and re-competing COBREs. Funds derived from COBRE grants that do not successfully re-compete along with cost-containment measures implemented at NIH for non-competing grant awards will be used to fund initiatives that will help reduce health disparities suffered by the underserved communities in the IDeA states. The initiatives are expected to include funding to enhance network connectivity at developing institutions and to encourage community-based clinical research participation (\$1.0 million).

**Portrait of a Program: INBRE Increasing Connectivity through IDeANet**

FY 2007 Level: \$73,000,000

FY 2008 Level: \$73,000,000

Change:           \$           0

Many of the states eligible for the IDeA program face challenges directly related to geographic, economic, or population density factors. Through the IDeA program, progress is being made to help these states become more competitive and in turn to help lower the barriers to their success. One of the major initiatives of the IDeA program is the INBRE, which provides workforce development, research opportunities, science education, and outreach activities through state-wide networks. Recognizing a lack of network infrastructure needed to support these state-wide research networks, NCRR funded the Lariat Project. It connected six states (Alaska, Hawaii, Idaho, Montana, Nevada, and Wyoming) to the Abilene high-speed network backbone, providing them with access comparable to other states. The Lariat Project has improved not only research capacity in these states, but also enhanced their economic development, higher education, and healthcare opportunities.

The successes and lessons learned from the Lariat testbed are helping to shape the larger IDeANet, which is an Internet-based network that will provide connectivity for high-bandwidth science applications. Additionally, stakeholder feedback received during a connectivity workshop co-sponsored by NCRR in April 2006 underscored the need for research institutions in large urban areas to have access to state-of-the art network infrastructure. In response, NCRR is developing a FY 2008 initiative (FY 2008 cost \$6.0 million) to expand IDeANet and further enhance research capacity at institutions participating in the IDeA and RCMI programs. Through IDeANet, NCRR continues to provide new opportunities for greater inclusion of under-represented minority and rural populations in biomedical and behavioral research.

**Research Infrastructure – General:** The division also supports other programs and activities to enhance its mission through grant awards. The Animal Facilities Improvement Program upgrades animal facilities and assists in developing centralized and effective programs of research animal care and assists institutions in complying with the regulations and policies related to the care and use of laboratory animals. Training clinical investigators at minority institutions to conduct sound clinical research and be competitive in obtaining external research support is the goal of the Clinical Research Education and Career Development (CRECD) in Minority Institutions program. This program, which is managed by NCRR, receives additional funding support from seven other NIH Institutes and Centers. The CRECD scholars choose a mentored-research project based on their area of interest, such as cardiovascular, aging, epidemiology, obesity, diabetes, and health disparities.

**Budget Policy:** The FY 2008 budget estimate for the Research Infrastructure – General Program is \$22,342,000, an increase of \$762,000 or 3.5 percent from the FY 2007 estimate.

**Research Management and Support:** The NCRR RMS activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards, and research and development contracts. RMS functions also encompass strategic planning, coordination, and evaluation of the Center's programs, regulatory compliance, and liaison with other Federal agencies, Congress and the public. The Center currently oversees over 1,000 grants and research and support contracts and 132 full-time training positions.

**Budget Policy:** In FY 2008, NCRR's request provides an increase of \$278,000 or 1.0 percent for research management support.

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**Budget Authority by Object**

	FY 2007 Continuing Resolution	FY 2008 Estimate	Increase or Decrease
Total compensable workyears:			
Full-time employment	108	109	1
Full-time equivalent of overtime & holiday ho	0	0	0
Average ES salary	\$160,472	\$165,286	\$4,814
Average GM/GS grade	12.7	12.8	0.1
Average GM/GS salary	\$95,547	\$98,414	\$2,867
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$102,197	\$105,263	\$3,066
Average salary of ungraded positions	160,164	164,969	4,805
<b>OBJECT CLASSES</b>	<b>FY 2007 Continuing Resolution</b>	<b>FY 2008 Estimate</b>	<b>Increase or Decrease</b>
Personnel Compensation:			
11.1 Full-Time Permanent	\$8,785,000	\$9,346,000	\$561,000
11.3 Other than Full-Time Permanent	1,301,000	1,384,000	83,000
11.5 Other Personnel Compensation	443,000	471,000	28,000
11.7 Military Personnel	106,000	113,000	7,000
11.8 Special Personnel Services Payments	0	0	0
<b>Total, Personnel Compensation</b>	<b>10,635,000</b>	<b>11,314,000</b>	<b>679,000</b>
12.0 Personnel Benefits	2,452,000	2,609,000	157,000
12.2 Military Personnel Benefits	89,000	95,000	6,000
13.0 Benefits for Former Personnel	0	0	0
<b>Subtotal, Pay Costs</b>	<b>13,176,000</b>	<b>14,018,000</b>	<b>842,000</b>
21.0 Travel & Transportation of Persons	438,000	450,000	12,000
22.0 Transportation of Things	41,000	42,000	1,000
23.1 Rental Payments to GSA	0	0	0
23.2 Rental Payments to Others	0	0	0
23.3 Communications, Utilities & Miscellaneous Charges	150,000	150,000	0
24.0 Printing & Reproduction	283,000	283,000	0
25.1 Consulting Services	7,998,000	8,060,000	62,000
25.2 Other Services	1,502,000	1,512,000	10,000
25.3 Purchase of Goods & Services from Government Accounts	42,957,000	44,660,000	1,703,000
25.4 Operation & Maintenance of Facilities	0	0	0
25.5 Research & Development Contracts	5,063,000	5,700,000	637,000
25.6 Medical Care	0	0	0
25.7 Operation & Maintenance of Equipment	2,687,000	2,674,000	(13,000)
25.8 Subsistence & Support of Persons	0	0	0
<b>25.0 Subtotal, Other Contractual Services</b>	<b>60,207,000</b>	<b>62,606,000</b>	<b>2,399,000</b>
26.0 Supplies & Materials	153,000	157,000	4,000
31.0 Equipment	527,000	532,000	5,000
32.0 Land and Structures	0	0	0
33.0 Investments & Loans	0	0	0
41.0 Grants, Subsidies & Contributions	1,021,470,000	1,019,485,000	(1,985,000)
42.0 Insurance Claims & Indemnities	0	0	0
43.0 Interest & Dividends	0	0	0
44.0 Refunds	0	0	0
<b>Subtotal, Non-Pay Costs</b>	<b>1,083,269,000</b>	<b>1,083,705,000</b>	<b>436,000</b>
<b>NIH Roadmap for Medical Research</b>	<b>13,257,000</b>	<b>14,775,000</b>	<b>1,518,000</b>
<b>Total Budget Authority by Object</b>	<b>1,109,702,000</b>	<b>1,112,498,000</b>	<b>2,796,000</b>

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

**NATIONAL INSTITUTES OF HEALTH**  
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**Salaries and Expenses**

OBJECT CLASSES	FY 2007 Continuing Resolutio	FY 2008 Estimate	Increase or Decrease
<b>Personnel Compensation:</b>			
Full-Time Permanent (11.1)	\$8,785,000	\$9,346,000	\$561,000
Other Than Full-Time Permanent (11.3)	1,301,000	1,384,000	83,000
Other Personnel Compensation (11.5)	443,000	471,000	28,000
Military Personnel (11.7)	106,000	113,000	7,000
Special Personnel Services Payments (11.8)	0	0	0
<b>Total Personnel Compensation (11.9)</b>	<b>10,635,000</b>	<b>11,314,000</b>	<b>679,000</b>
Civilian Personnel Benefits (12.1)	2,452,000	2,609,000	157,000
Military Personnel Benefits (12.2)	89,000	95,000	6,000
Benefits to Former Personnel (13.0)	0	0	0
<b>Subtotal, Pay Costs</b>	<b>13,176,000</b>	<b>14,018,000</b>	<b>842,000</b>
Travel (21.0)	438,000	450,000	12,000
Transportation of Things (22.0)	41,000	42,000	1,000
Rental Payments to Others (23.2)	0	0	0
Communications, Utilities and Miscellaneous Charges (23.3)	150,000	150,000	0
Printing and Reproduction (24.0)	283,000	283,000	0
<b>Other Contractual Services:</b>			
Advisory and Assistance Services (25.1)	1,013,000	789,000	(224,000)
Other Services (25.2)	1,502,000	1,512,000	10,000
Purchases from Govt. Accounts (25.3)	13,365,000	14,291,000	926,000
Operation & Maintenance of Facilities (25.4)	0	0	0
Operation & Maintenance of Equipment (25.7)	2,687,000	2,674,000	(13,000)
Subsistence & Support of Persons (25.8)	0	0	0
<b>Subtotal Other Contractual Services</b>	<b>18,567,000</b>	<b>19,266,000</b>	<b>699,000</b>
Supplies and Materials (26.0)	153,000	157,000	4,000
<b>Subtotal, Non-Pay Costs</b>	<b>19,632,000</b>	<b>20,348,000</b>	<b>716,000</b>
<b>Total, Administrative Costs</b>	<b>32,808,000</b>	<b>34,366,000</b>	<b>1,558,000</b>



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Authorizing Legislation						
	PHS Act/ Other Citation	U.S. Code Citation	2007 Amount Authorized	FY 2007 Continuing Resolution	2008 Amount Authorized	FY 2008 Budget Estimate
Research and Investigation	Section 301	42§241	Indefinite		Indefinite	
National Center for Research Resources				\$1,109,702,000		\$1,112,498,000
	Section 402(a)	P.L.-109482	Indefinite		Indefinite	
Total, Budget Authority				1,109,702,000		1,112,498,000

a/ Amounts authorized by Section 301 and Title IV of the Public Health Act.

**NATIONAL INSTITUTES OF HEALTH**  
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**Appropriations History**

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation <u>1/</u>
1999	421,721,000 <u>2/ 3/</u>	513,948,000	554,819,000	554,819,000
Rescission				(373,000)
2000	469,684,000 <u>2/</u>	642,311,000	625,988,000	980,176,000
Rescission				(3,619,000)
2001	602,728,000 <u>2/</u>	832,027,000	775,212,000	817,475,000
Rescission				(52,000)
2002	974,038,000	966,541,000	1,014,044,000	1,012,627,000
Rescission				(89,000)
2003	1,090,217,000	1,090,217,000	1,161,272,000	1,146,272,000
Rescission				(7,451,000)
2004	1,053,926,000	1,053,926,000	1,186,483,000	1,186,183,000
Rescission				(7,125,000)
2005	1,094,141,000	1,094,141,000	1,213,400,000	1,124,141,000
Rescission				(9,051,000)
2006	1,100,203,000	1,100,203,000	1,188,079,000	1,110,203,000
Rescission				(11,102,000)
2007	1,098,242,000	1,123,242,000	1,104,346,000	1,099,101,000 <u>4/</u>
2008	1,112,498,000			

1/ Reflects enacted supplementals, rescissions, and reappropriations.

2/ Excludes funds for HIV/AIDS research activities consolidated in the NIH Office of AIDS Research.

3/ Reflects a decrease of \$1,274,000 for the budget amendment for Bioterrorism.

4/ Annualized current rate.

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**Details of Full-Time Equivalent Employment (FTEs)**

OFFICE/DIVISION	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
Office of the Director	8	8	8
Office of Extramural Activities	27	30	29
Office of Administrative Management	15	17	17
Office of Science Policy & Public Liaison	11	12	12
Division for Clinical Research Resources	10	13	15
Division of Biomedical Technology	8	8	8
Division of Comparative Medicine	8	8	8
Division of Research Infrastructure	12	12	12
<b>Total</b>	<b>99</b>	<b>108</b>	<b>109</b>
Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research			
FTEs supported by funds from Cooperative Research and Development Agreements			
	(0)	(0)	(0)
FISCAL YEAR	Average GM/GS Grade		
2004	11.7		
2005	12.9		
2006	12.7		
2007	12.7		
2008	12.8		

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**Detail of Positions**

GRADE	FY 2006 Actual	FY 2007 Continuing Resolution	FY 2008 Estimate
Total, ES Positions	2	2	2
Total, ES Salary	312,689	320,944	330,572
GM/GS-15	14	14	14
GM/GS-14	34	34	35
GM/GS-13	17	17	17
GS-12	16	16	16
GS-11	2	5	5
GS-10	3	3	3
GS-9	0	0	0
GS-8	2	2	2
GS-7	3	3	3
GS-6	1	1	1
GS-5	2	2	2
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	94	97	98
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	1	1	1
Senior Grade	0	0	0
Full Grade	0	0	0
Senior Assistant Grade	0	0	0
Assistant Grade	0	0	0
Subtotal	1	1	1
Ungraded	25	25	25
Total permanent positions	98	99	100
Total positions, end of year	122	125	126
Total full-time equivalent (FTE) employment, end of year	99	108	109
Average ES salary	156,345	160,472	165,286
Average GM/GS grade	12.7	12.7	12.8
Average GM/GS salary	93,089	95,547	98,414

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research.

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**New Positions Requested**

	FY 2008	
	Grade	Number      Annual Salary
Medical Officer	GS-14	1      \$120,142
Total Requested		1